



Department of Veterans Affairs

MONTHLY RECORD OF TRAINING AND WAGES

INFORMATION: This form is provided by VA for use at training establishments where similar records of progress in training are not ordinarily maintained. Additional information and instructions are furnished on the reverse side. This form is used in both the training of disabled veterans under chapter 31 of title 38 U.S.C. and the training of eligible dependents under chapter 35 of title 38 U.S.C.

NAME OF TRAINEE (First-Middle-Last)		VA FILE NUMBER
TYPE OF VA BENEFIT <input type="checkbox"/> VOCATIONAL REHABILITATION (Chapter 31) <input type="checkbox"/> DEPENDENTS EDUCATIONAL ASSISTANCE (Chapter 35)	NAME OF ESTABLISHMENT	REPORT FOR (Month and year)

INSTRUCTIONS TO TRAINEE: In Item 1 below, please list the work processes (job skills) in which you will be trained during the month. At the end of each month, you should enter the number of hours you received instruction in your training program, sign and date this record in Item 7, and submit this record to your trainer for review and endorsement.

INSTRUCTIONS TO TRAINER: Complete "Trainers Rating," Item 4 below for each unit of instruction on which the trainee spent time during the report period. You may use Symbols: O=Outstanding, S=Satisfactory, U=Unsatisfactory. Also complete Items 5 and 6 the first time you complete this form for a trainee and for any month in which the trainee's rate of pay changes. Do not consider overtime pay as a change in pay rate. Following your review of this record, sign and date it in Item 8 below. Please refer to the reverse side for more instructions.

MONTHLY TRAINING RECORD

1. TYPE OF INSTRUCTION AS LISTED IN YOUR VA TRAINING AGREEMENT	2. CUMULATIVE TOTAL NUMBER OF HOURS COMPLETED BY END OF LAST MONTH	3. TOTAL NUMBER	4. TRAINER'S RATING (O, S OR U)
➤			
➤			
➤			
➤			
➤			
➤			
➤			
➤			
➤			
➤			
➤			
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➤			
➤			

RELATED INSTRUCTION (Specify type) _____ ➤

HOURS ABSENT FROM TRAINING THIS MONTH _____ ➤

5A. TRAINEE HOURLY OR MONTHLY RATE OF PAY \$ _____ PER	5B. TOTAL WAGES PAID THIS MONTH \$ _____	5C. DATE THE WAGE RATE IN ITEM 5A BEGAN _____
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6. REASON FOR ENTRIES IN ITEM 5 (Check one)
☐ START OF TRAINING ☐ INCREASE IN WAGE RATE ☐ OTHER (Specify) _____

7A. SIGNATURE OF TRAINEE	7B. DATE SIGNED
8A. SIGNATURE OF TRAINER	8B. DATE SIGNED

INFORMATION AND INSTRUCTIONS

VOCATIONAL TRAINING TO DISABLED VETERANS (CHAPTER 31)

Privacy Act Information

No further benefits may be paid under a vocational program unless a training report is received by VA each month (38 U.S.C. 1508). The information requested is necessary to determine continuing entitlement to benefits. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. VA may use computer matching programs with other agencies to verify the information you submit. VA may also use the information for debt collection purposes.

Instructions For Trainer

The original copy of this form (copy 1) should be submitted to VA not later than the 10th day after the end of each month.

The copy of the form (copy 2) should be returned to the trainee for his or her record.

APPRENTICESHIP OR OTHER ON-JOB TRAINING PROGRAMS FOR ELIGIBLE DEPENDENTS (CHAPTER 35)

Privacy Act Information

The law requires that adequate records be maintained to show the progress made by each veteran or other eligible person toward the completion of his or her training program (38 U.S.C. 1777). Records of progress must be made available for examination by duly authorized representatives of the Department of Veterans Affairs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. VA may use computer matching programs with other agencies to verify the information you enter on this form. VA may also use the information for debt collection purposes.

Instructions For Trainer

The original copy of this form (copy 1) must be retained at the training establishment until 3 years after the trainee completes or terminates training. This form should not be sent to VA. Instead, the trainee will give you a separate card each month for reporting his or her monthly hours of employment to VA.

The copy of the form (copy 2) should be returned to the trainee for his or her records.

RESPONDENT BURDEN

VA may not conduct or sponsor, and you are not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.



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➤			

RELATED INSTRUCTION (Specify type) _____ ➤	
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HOURS ABSENT FROM TRAINING THIS MONTH _____ ➤	
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5A. TRAINEE HOURLY OR MONTHLY RATE OF PAY \$ _____ PER	5B. TOTAL WAGES PAID THIS MONTH \$ _____	5C. DATE THE WAGE RATE IN ITEM 5A BEGAN _____
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7A. SIGNATURE OF TRAINEE _____	7B. DATE SIGNED _____
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